Tank 6703

Department of Health Services Toxic Substances Control Division Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST					< . :	amento, Califo
	1. Generator's US EPA ID No C A D 0 8 6 5 10	0101015 010	ment No. 0 0 0 4	of 1 is n	ot required	shaded areas by Federal
 Generator's Name and Mailing Address Douglas Aircraft Co. 190th St. & Normandie Ave 	e. Torrance,CA9050		A. S	86234 State Generator's	285	
4. Generator's Phone (213) 533-66	677	<u> </u>	C	<u> </u>	5100	0.5
5. Transporter 1 Company Name	6.	US EPÅ ID Numt		State Transporter		3931
IT. Transporation	<u> </u>	01219161614	20000000	ransporter's Pho		30-1781
7. Transporter 2 Company Name	8.	US EPA ID Numb		state Transporter		
9. Designated Facility Name and Site Addres	ss 10.	US EPA ID Numb	1000000	ransporter's Pho state Facility's ID		
IT. Corporation	10.			A D O O O		71
896 Waterbird Way			H.1	acility's Phone	V 2 4 1	- f - k
Martinez, CA94553	$_{ C }A_{ D }$	0,0,0,0,9,4	7 7 1	415 372-58	100	
11. US DOT Description (Including Proper Ship	oping Name, Hazard Class, and	IL: Number)	12. Container No. Typ	s 13. Total	14. Unit Wt/Vol	I. Waste No.
a. Waste Acid Liquid N.O.S. (Corresive NA1760					D002
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b. ·						
<u>C.</u>						
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	% - 4.5%			(28/1	5/04
Water Remainde						
	nal Information Guide #6	iO		Pro	efile #4	1633
Water Remainder 15. Special Handling Instructions and Addition Use gloves, goggles, resp	Gurde #0		ns to ski		N. 45 (8. 16. A) (16. 20. 16. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	653
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YELLOW: TSDF SENDS THIS COPY TO GENERATOR WITHIN SO DAYS



Department of Health Services
Toxic Substances Control Division State of California—Health and Welfare Agency Tank 6703 Sacramento, California Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Information in the shaded areas is not required by Federal 1. Generator's US EPA ID No. Manifest UNIFORM HAZARDOUS 2. Page 1 Document No. **WASTE MANIFEST** CIAIDIO<u>18161510101</u> A. State Manifest Document Number Generator's Name and Mailing Address 86234285 Douglas Aircraft Co. B. State Generator's $ID_{1}A_{-}IIO_{-}36_{-}005698$ 190th St. & Normandie Ave. Torrance, CA90502 Generator's Phone (213) 533-6677 Transporter 1 Company Name **US EPA ID Number** C. State Transporter's ID D. Transporter's Phone IT Transporation
7. Transporter 2 Company Name CIADIO 2 9 6 6 4 8 9 E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address 10. US EPA ID Number G. State Facility's ID IT. Corporation <u>CADOOO9477</u>1 896 Waterbird Way H. Facility's Phone Martinez, CA94553 CADOOOO9447771 **415 377-5800** 13. Total Unit 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Waste No. Quantity Wt/Vo Type a. Waste Acid Liquid N.O.S. Corrosive NA1760 D002 C. d. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above Sulfuric Acid 9.5%Sodium Dichromate 4.5% 1.0% Water Remainder 15. Special Handling Instructions and Additional information Guide #60 Profile #4633 May cause sever burns to skin and eyes. Use gloves, goggles, respirator -16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. Month Day Printed/Typed Name Signature Donald C Gerber 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Month AUIT 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day 19. Discrepancy Indication Space 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

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Printed/Typed Name

YELLOW GENERATOR RETAINS

Signature

Year

Month Day